POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(handwritten)*		04-30-01
O.I.P.E. CLASSIFIER	*(handwritten)*	18020	5/1
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected
= .... Allowed		I .... Interference
— (Through numeral)... Canceled		A .... Appeal
÷ .... Restricted		O .... Objected

If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY